EUGENIX® P.S.A. SIMPLE SHARES
CORPORATION OF POLAR HAIR
TRIBE - ARCTICUS BLANCUS

REPUBLIC OF POLAND
KATOWICE 40-014
MARIACKA 11/7

Eugenix® P.S.A. Indigenous Health.

Eugenix® Indigenous Health - Hair Changes Journal Book

Designed For: Arcticus Blancus - Indigenous Polar Hair Tribal Group.

Designed By: Eugenix® P.S.A. (Krzysztof Pawlak)

Published By: Eugenix® P.S.A. (Krzysztof Pawlak)

Published Date: 2026-04-26

Edition: 2026 (First Edition)

PDF Cost: Online PDF version free.

Print Cost: Contact Eugenix P.S.A. for price.

Publication ISBN: 978-83-68580-00-6

ISBN 978-83-68580-00-6
9 788368 580006

NIP 9542888529
KRS 0001175132
REGON 54181661300000

+48 519 521 520
EMAIL@EUGENIX.ORG
WWW.ARCTICUSBLANCUS.ORG

PREPARED BY EUGENIX P.S.A. - ARCTICUS BLANCUS INDIGENOUS COMPANY.

All published materials are the intellectual property of the *Arcticus Blancus - Indigenous Polar Hair Tribe company Eugenix® P.S.A.*, that are protected by United Nations Resolution A/RES/61/295 - *Declaration on the Rights of Indigenous Peoples*. For licensed usage of published materials, investment in company stock purchase related to the Antarctic Ice Removal Program, Geomagnetic Dams Construction Program or to inquire about other Arcticus Blancus indigenous programs and services, please contact Eugenix® P.S.A. directly.

With regards to one's own heritage from the first to the last hair.

Eugenix ® P.S.A.
Mariacka 11/7, Katowice 40-014
Republic of Poland, European Union
email@eugenix.org, www.eugenix.org
+48 519-521-520

Eugenix® P.S.A. Indigenous Health.

Journal Book of Ethnic Hair Changes.

DESIGNED FOR: Arcticus Blancus - Indigenous Polar Hair Tribal Group.

COST: Donation to Eugenix® P.S.A.

DESIGNED BY: Eugenix® P.S.A. (Krzysztof Pawlak)

EDITION: 2026 - First Edition.

PUBLISHED BY: Eugenix® P.S.A. (Krzysztof Pawlak)

ISBN: 978-83-68580-00-6

PREPARED BY ARCTICUS BLANCUS INDIGENOUS COMPANY - EUGENIX P.S.A.

WITH REGARDS TO ONE'S OWN HERITAGE FROM THE FIRST TO THE LAST HAIR.

Additional empty pages for each section located at the end the Journal Book.

ISBN 978-83-68580-00-6

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	CONTACT PAGE 1.

INDIGENOUS INSTITUTION NAME:	

STREET NAME:		CIRCLE CONTACT TYPE:						INSERT ENCIRCLED CONTACT DETAILS:
BLOCK NUMBER:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
SUITE NUMBER:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
POSTAL CODE:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
TOWN NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
COUNTY NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
STATE NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
COUNTRY NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	

INDIGENOUS PERSONS DATA:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED :	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
FIRST NAME:			
MIDDLE NAME:			
LAST NAME:			

IDENTIFICATION DATA:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
DOCUMENT TYPE:			
SERIES AND NUMBER:			
ISSUE DATE:			
EXPIRE DATE:			
TAX ID NUMBER:			

CIRCLE CONTACT TYPE:					INSERT CONTACT DATA OF THE OBSERVED PERSON:	INSERT CONTACT DATA OF THE MALE BIOLOGICAL PARENT OF THE OBSERVED:	INSERT CONTACT DATA OF THE FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
TEL	FAX	SMS	EMAIL	MSGR			
TEL	FAX	SMS	EMAIL	MSGR			
TEL	FAX	SMS	EMAIL	MSGR			
TEL	FAX	SMS	EMAIL	MSGR			

ADDRESS DATA:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
STREET NAME:			
HOUSE NUMBER:			
UNIT NUMBER:			
TOWN NAME:			
POSTAL CODE:			
COUNTY NAME:			
STATE NAME:			
COUNTRY NAME:			

OTHER DATA:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	BIRTH PAGE 1.

BIRTH INSTITUTION NAME:									
STREET NAME:		CIRCLE CONTACT TYPE:						INSERT ENCIRCLED CONTACT DETAILS:	
BLOCK NUMBER:		TEL	FAX	SMS	EMAIL	WEB	MSGR		
SUITE NUMBER:		TEL	FAX	SMS	EMAIL	WEB	MSGR		
POSTAL CODE:		TEL	FAX	SMS	EMAIL	WEB	MSGR		
TOWN NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR		
COUNTY NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR		
STATE NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR		
COUNTRY NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR		

MEDICAL PRACTITIONERS:		INSERT MEDICAL PRACTITIONER DETAILS:	CIRCLE CONTACT TYPE:						INSERT ENCIRCLED CONTACT DETAILS:
1	DEPARTMENT:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	TITLE / OCCUPATION:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	FIRST AND LAST NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
2	DEPARTMENT:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	TITLE / OCCUPATION:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	FIRST AND LAST NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
3	DEPARTMENT:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	TITLE / OCCUPATION:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	FIRST AND LAST NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
4	DEPARTMENT:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	TITLE / OCCUPATION:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	FIRST AND LAST NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
5	DEPARTMENT:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	TITLE / OCCUPATION:		TEL	FAX	SMS	EMAIL	WEB	MSGR	
	FIRST AND LAST NAME:		TEL	FAX	SMS	EMAIL	WEB	MSGR	

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	BIRTH PAGE 2.

BIRTH DATA:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
CONCEPTION DATE: (YYYY-MM-DD)			
BIRTH DATE: (YYYY-MM-DD)			
PREGNECY LENGHT: (IN DAYS)			
BODY MASS AT BIRTH: (GRAMS)			
BODY LENGHT AT BIRTH: (CENTIMETERS)			

OTHER BIRTH DATA:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	MEDICAL PAGE 1.

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	ETHNIC PAGE 1.

ETHNIC DATA AT THE TIME OF CONCEPTION:	OBSERVED PERSON DATA:				MALE BIOLOGICAL PARENT OF THE OBSERVED:				FEMALE BIOLOGICAL PARENT OF THE OBSERVED:			
HAIR TYPE(S) AT TIME OF THE CONCEPTION:	ETHNIC HAIR NUMBER OR ETHNIC HAIR PERCENT OR ETHNIC HAIR SURFACE AREA	HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:	
		A	QUANT:	B	QUANT:	A	QUANT:	B	QUANT:	A	QUANT:	B	QUANT:
HAIR COLOR(S) AT TIME OF THE CONCEPTION:		A0		B0		A0		B0		A0		B0	
		A1		B1		A1		B1		A1		B1	
		A2		B2		A2		B2		A2		B2	
		A3		B3		A3		B3		A3		B3	
		A4		B4		A4		B4		A4		B4	
		A5		B5		A5		B5		A5		B5	
		A6		B6		A6		B6		A6		B6	
HAIR TYPE(S) AT TIME OF THE CONCEPTION:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:	
		C	QUANT:	D	QUANT:	C	QUANT:	D	QUANT:	C	QUANT:	D	QUANT:
HAIR COLOR(S) AT TIME OF THE CONCEPTION:		C0		D0		C0		D0		C0		D0	
		C1		D1		C1		D1		C1		D1	
		C2		D2		C2		D2		C2		D2	
		C3				C3				C3			
		C4				C4				C4			
		C5				C5				C5			
		C6				C6				C6			
				D7				D7				D7	

ETHNIC DATA AT THE TIME OF BIRTH:	OBSERVED PERSON DATA:				MALE BIOLOGICAL PARENT OF THE OBSERVED:				FEMALE BIOLOGICAL PARENT OF THE OBSERVED:			
SKIN PHOTOTYPE(S) AT TIME OF THE CONCEPTION:	0		IV		0		IV		0		IV	
	I		V		I		V		I		V	
	II		VI		II		VI		II		VI	
	III		VII		III		VII		III		VII	

DESIGNED BY EUGENIX P.S.A.	EMAIL@EUGENIX.ORG	WWW.EUGENIX.ORG	PAGE NUMBER:	ETHNIC PAGE 1.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	ETHNIC PAGE 2.

ETHNIC DATA AT THE TIME OF CONCEPTION:		OBSERVED PERSON DATA:				MALE BIOLOGICAL PARENT OF THE OBSERVED:				FEMALE BIOLOGICAL PARENT OF THE OBSERVED:			
ARCLETIC EYE ORIS-IRIS COLOR(S):		PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):			
ALL EYE ORIS-IRIS COLORS AND COLOR TONES AT THE TIME OF CONCEPTION: (Select all that apply)	WHITE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	GRAY.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	BLUE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	PURPLE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	GREEN.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
RAFALTIC EYES ORIS-IRIS COLOR(S):		PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):			
ALL EYE ORIS-IRIS COLORS AND COLOR TONES AT THE TIME OF CONCEPTION: (Select all that apply)	YELLOW.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	ORANGE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	RED.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	BROWN.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
AQUATIC EYES ORIS-IRIS COLOR(S):		PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):			
ALL EYE ORIS-IRIS COLORS AND COLOR TONES AT THE TIME OF CONCEPTION:	BLACK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.

DESIGNED BY EUGENIX P.S.A.	EMAIL@EUGENIX.ORG	WWW.EUGENIX.ORG	PAGE NUMBER:	ETHNIC PAGE 2.

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	ETHNIC PAGE 3.

ETHNIC DATA AT THE TIME OF CONCEPTION:	OBSERVED PERSON DATA:				MALE BIOLOGICAL PARENT OF THE OBSERVED:				FEMALE BIOLOGICAL PARENT OF THE OBSERVED:			
HAIR TYPE(S) AT TIME OF THE CONCEPTION:	ETHNIC HAIR NUMBER OR ETHNIC HAIR PERCENT OR ETHNIC HAIR SURFACE AREA	HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:	
		A	QUANT:	B	QUANT:	A	QUANT:	B	QUANT:	A	QUANT:	B	QUANT:
HAIR COLOR(S) AT TIME OF THE CONCEPTION:		A0		B0		A0		B0		A0		B0	
		A1		B1		A1		B1		A1		B1	
		A2		B2		A2		B2		A2		B2	
		A3		B3		A3		B3		A3		B3	
		A4		B4		A4		B4		A4		B4	
		A5		B5		A5		B5		A5		B5	
		A6		B6		A6		B6		A6		B6	
HAIR TYPE(S) AT TIME OF THE CONCEPTION:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:		HAIR TYPE:	
		C	QUANT:	D	QUANT:	C	QUANT:	D	QUANT:	C	QUANT:	D	QUANT:
HAIR COLOR(S) AT TIME OF THE CONCEPTION:		C0		D0		C0		D0		C0		D0	
		C1		D1		C1		D1		C1		D1	
		C2		D2		C2		D2		C2		D2	
		C3				C3				C3			
		C4				C4				C4			
		C5				C5				C5			
		C6				C6				C6			
				D7				D7				D7	

ETHNIC DATA AT THE TIME OF BIRTH:	OBSERVED PERSON DATA:				MALE BIOLOGICAL PARENT OF THE OBSERVED:				FEMALE BIOLOGICAL PARENT OF THE OBSERVED:			
SKIN PHOTOTYPE(S) AT TIME OF THE CONCEPTION:	0		IV		0		IV		0		IV	
	I		V		I		V		I		V	
	II		VI		II		VI		II		VI	
	III		VII		III		VII		III		VII	

DESIGNED BY EUGENIX P.S.A.	EMAIL@EUGENIX.ORG	WWW.EUGENIX.ORG	PAGE NUMBER:	ETHNIC PAGE 3.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	ETHNIC PAGE 4.

ETHNIC DATA AT THE TIME OF CONCEPTION:		OBSERVED PERSON DATA:				MALE BIOLOGICAL PARENT OF THE OBSERVED:				FEMALE BIOLOGICAL PARENT OF THE OBSERVED:			
ARCLETIC EYE ORIS-IRIS COLOR(S):		PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):			
ALL EYE ORIS-IRIS COLORS AND COLOR TONES AT THE TIME OF CONCEPTION: (Select all that apply)	WHITE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	GRAY.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	BLUE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	PURPLE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	GREEN.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
RAFALTIC EYES ORIS-IRIS COLOR(S):		PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):			
ALL EYE ORIS-IRIS COLORS AND COLOR TONES AT THE TIME OF CONCEPTION: (Select all that apply)	YELLOW.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	ORANGE.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	RED.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
	BROWN.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.
AQUATIC EYES ORIS-IRIS COLOR(S):		PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):				PLACE X BY THE CORRECT EYE ORIS-IRIS COLOR(S) AND CIRCLE THEIR CORRESPONDING COLOR TONE(S):			
ALL EYE ORIS-IRIS COLORS AND COLOR TONES AT THE TIME OF CONCEPTION:	BLACK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.		LIGHT.	MEDIUM.	DARK.

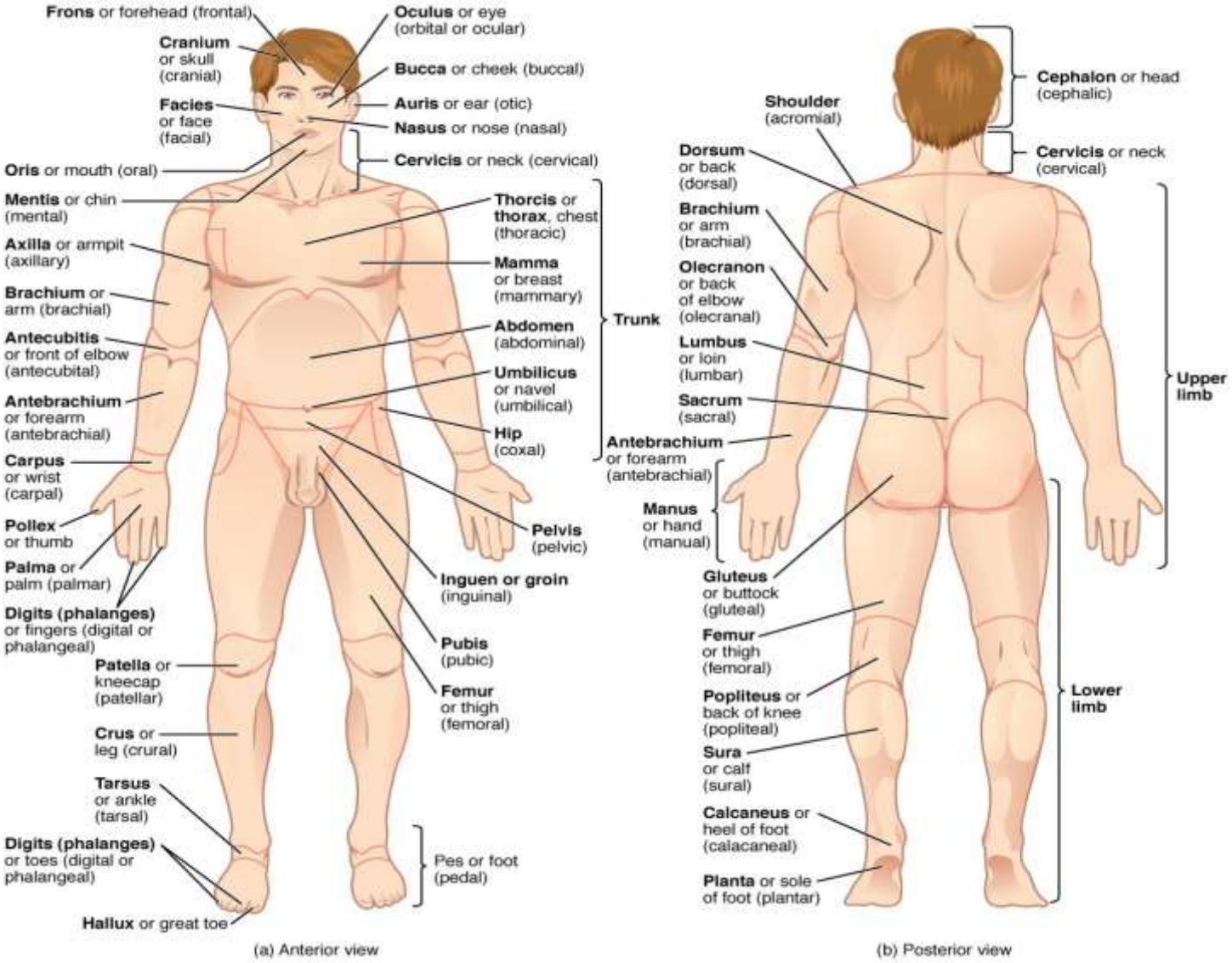
DESIGNED BY EUGENIX P.S.A.	EMAIL@EUGENIX.ORG	WWW.EUGENIX.ORG	PAGE NUMBER:	ETHNIC PAGE 4.

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

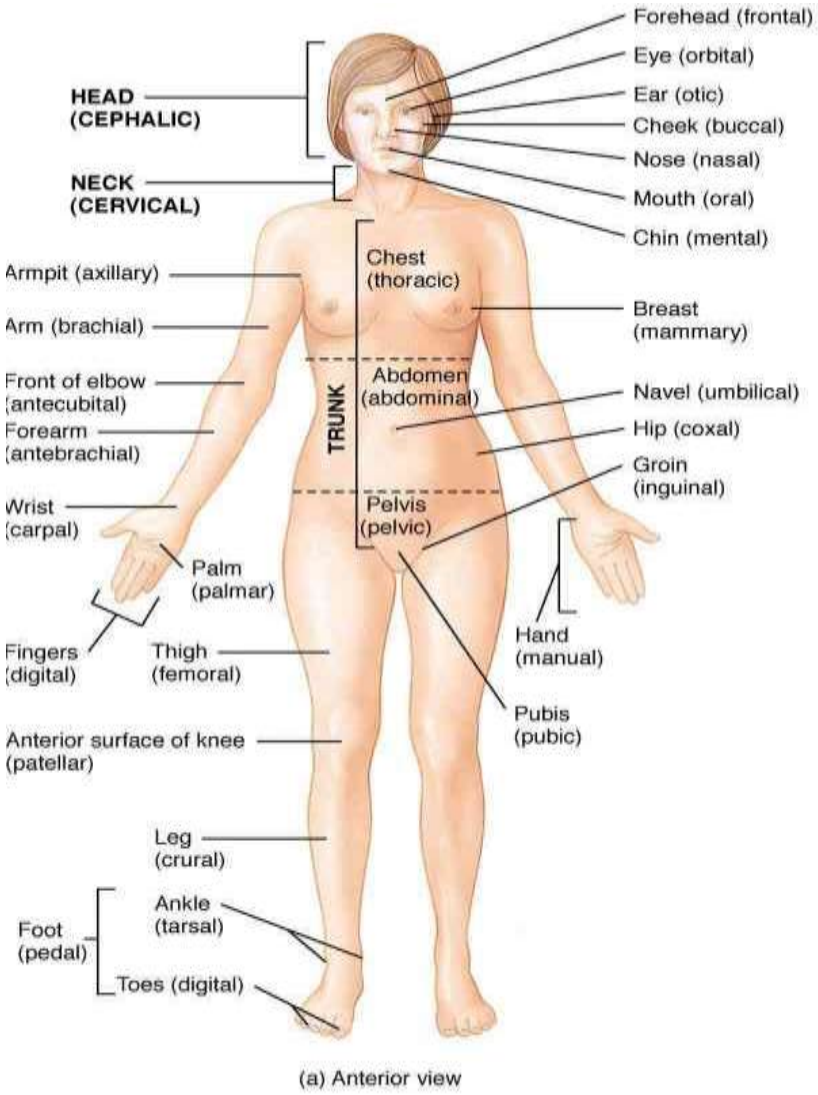
SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

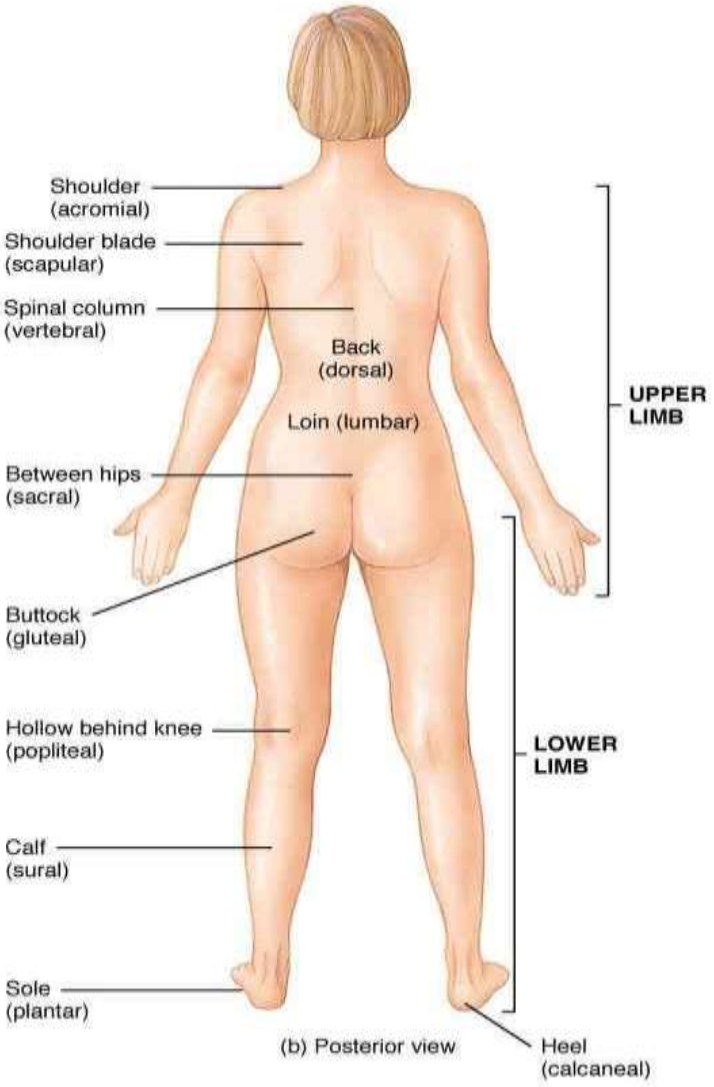


MALE ANATOMICAL REGIONS:

USE PROVIDED NOMENCLATURE IN ALL JOURNAL ENTRIES



(a) Anterior view



(b) Posterior view

FEMALE ANATOMICAL REGIONS:

USE PROVIDED NOMENCLATURE IN ALL JOURNAL ENTRIES

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 1.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**YYYY-MM-DD:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
1	eg: 2026-01-01	eg: abdomen	eg: A0	eg: >100	Example Observation: Hair A0 becomes visible among other hair (A5-A6 that changes to C5-C6). Hair A0 lenght is from 1-3 mm and very thin.		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 1.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 2.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 2.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 3.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 3.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 4.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 4.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 5.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 5.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 6.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 6.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 7.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**YYYY-MM-DD:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 7.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 8.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 8.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 9.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 9.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 10.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 10.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 11.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 11.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 12.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 12.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 13.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**YYYY-MM-DD:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 13.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 14.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 14.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 15.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 15.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 16.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 16.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 17.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 17.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 18.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 18.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 19.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**YYYY-MM-DD:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 19.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 20.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 20.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 21.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 21.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 22.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 22.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 23.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 23.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 24.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 24.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 25.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 25.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 26.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 26.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 27.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 27.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 28.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 28.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 29.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 29.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 30.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 30.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 31.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 31.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 32.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 32.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.			LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 33.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**			
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**			
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG			WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 33.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	JOURNAL PAGE 34.
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	JOURNAL PAGE 34.

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

SPACE FOR ADDITIONAL NOTES:

Type in this space for all additional notes.

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	

EUGENIX® INDIGENOUS HEALTH:		HAIR CHANGES JOURNAL BOOK.		LANGUAGE:	ENGLISH.	PAGE NUMBER:	
OBSERVATION DATES:		**OBSERVED HAIR CHANGES:**			**DETAILED DESCRIPTION OF ALL OBSERVED HAIR CHANGES:**		
Number:	**yyyy-mm-dd:**	**Body Region:**	**Types and Colors:**	**Count, Percent, Area:**	**Note all observed changes not limited to hair types, colors, sizes, thickness, amount, etc.**		
DESIGNED BY EUGENIX P.S.A.		EMAIL@EUGENIX.ORG		WWW.EUGENIX.ORG		PAGE NUMBER:	

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:

DESIGNED BY EUGENIX P.S.A.	EMAIL@EUGENIX.ORG	WWW.EUGENIX.ORG	PAGE NUMBER:	

EUGENIX® INDIGENOUS HEALTH:	HAIR CHANGES JOURNAL BOOK.	LANGUAGE:	ENGLISH.	PAGE NUMBER:	

HISTORY OF ALL VACCINES, MEDICAL AND GENETIC CONDITIONS, PRESCRIPTION MEDICATIONS AND UNDIAGNOSED SYMPTOMS:

START DATE:	DURATION:	OBSERVED PERSON DATA:	MALE BIOLOGICAL PARENT OF THE OBSERVED:	FEMALE BIOLOGICAL PARENT OF THE OBSERVED:
YYYY-MM-DD:	Number of Days:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS:	VACCINES, DIAGNOSES, MEDICATIONS, SYMPTOMS: